



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
DATAMASTER MAINTENANCE REPORT

RECEIVED  
By Carol Day at 9:43 am, Sep 16, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <u>980131</u>	DATE OF INSPECTION <u>09.10.2009</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>402 E. MAIN MARTHAVILLE, MO 63357</u>	TIME OF INSPECTION <u>0830</u>

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE <u>09.10.09 - 0849</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) <u>34.0 C</u>	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) <u>GUTH LABORATORIES</u> <u>LOT # 08400</u> <u>BOTTLE # 1203</u> <u>EXP: 12.08.2009</u>	
TEST 1 <input checked="" type="checkbox"/> <u>.095</u>	TEST 2 <input checked="" type="checkbox"/> <u>.095</u>
TEST 3 <input checked="" type="checkbox"/> <u>.096</u>	
<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED) ( <u>RADIO INTERFERENCE</u> )	
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)	
REFUSALS	(0-.04) <u>0</u>   (.05-.09) <u>0</u>   (.10-.14) <u>0</u>   (.15-.19) <u>0</u>   (Over .19) <u>0</u>

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

INSTRUMENT TESTED AND CERTIFIED WITHIN DHSS  
STANDARDS

INSPECTING OFFICER	
SIGNATURE <u>Sgt. E. R. House #36</u>	PRINT NAME <u>EMMANUEL R. HOUSE</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>920153 - 06.25.2011</u>	TELEPHONE NUMBER <u>636.373.2937</u>



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08400** of  
Alcohol Reference Solution for Simulator were analyzed by  
gas chromatography and found to contain **0.1204** percent  
(w/vol) ethyl alcohol. The expiration date for this lot  
number is **December 8, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at  
 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol  
analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were  
free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

BOTTLE #1203

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 980131  
09/10/09

TESTING OFFICER:  
HOUSE/RAY  
OFFICER I.D.: 436  
PERMIT NUMBER: 920153  
EXPIRATION DATE: 06/25/11  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	08:54
INTERNAL STANDARD	VERIFIED	08:54
EXTERNAL STANDARD	.095	08:55
BLANK TEST	.000	08:55
EXTERNAL STANDARD	.095	08:56
BLANK TEST	.000	08:56
EXTERNAL STANDARD	.096	08:57
BLANK TEST	.000	08:58

N = 3  
SIM. = .1  
AVG. = .0953

Operator Signature

*SGT House 436 WCSU*

Printed on recycled paper with agri-based inks

CMSU

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 980131  
09/10/09  
08:49

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefgghijklmno  
pqrstuvwxyz{|}~

Operator Signature

*SGT House 436 WCSU*

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CMSU 2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 988131  
09/10/09

ARREST TIME: 08:30

SUBJECT NAME:

RADIO/FRED/TEST

DOB: 11/11/49 SEX: M

STATE/D.L.: MO/123456789

ARRESTING OFFICER:

HOUSE/RAY

OFFICER I.D.: 436

TESTING OFFICER:

HOUSE/RAY

OFFICER I.D.: 436

PERMIT NUMBER: 928153

EXPIRATION DATE: 06/25/11

MISCELLANEOUS DATA:

## --- BREATH ANALYSIS ---

BLINK TEST	.000	09:02
INTERNAL STANDARD	VERIFIED	09:03
RADIO INTERFERENCE		

Operator Signature

*SGT House 436 WCS*

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CMSU 2208-02

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



EMMANUEL R HOUSE

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 06/25/09

Number 920153

Expires 06/25/2011

Interim Director

Director of State Public Health Laboratory

Director, Department of Health